For Paperwork Reduction Act Notice, see instructions. 8X2740 1,000 348 3BB IR1 9X

Unrelated business taxable income Subtract line 31 from line 30

31

V 18-8.6F

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

617,794. form **990-T** (2018) PAGE 2

31

32

Par 33	Total Unrelated Business Taxable Income		
	TOTAL CITAL CONTINUES AND		
24	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
24	instructions)	33	1,291,4
	Amounts paid for disallowed fringes	34	
		-34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	1,291,4
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,0
38	Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36.		<u> </u>
•	enter the smaller of zero or line 36	ا ہ[1,290,4
		- 30 	
Par		1	270,9
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	270,5
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on	11	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
11	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)-	42	
13	· · · · · · · · · · · · · · · · · · ·]	
	Tax on Noncompliant Facility Income. See instructions	-13-1-	270,99
44		44	210,5
Par	V Tax and Payments		
15 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	4	
b	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)	1 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	i I	
		45e	
			270,99
16		46	210,5.
17		47	
8	Total tax. Add lines 46 and 47 (see instructions)	48	270,99
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018		
b	2018 estimated tax payments	11	
_	Tax deposited with Form 8868	1	
		1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	1 1	
	Backup withholding (see instructions)		
		1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	11	
f	Other credits, adjustments, and payments Form 2439		
f	Other credits, adjustments, and payments Form 2439 Form 4136 Other Total ▶ \$0g		
f g	Other credits, adjustments, and payments Form 2439 Other Total > 50g	51	558,76
f 9 51	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g.	\$1 \$2	558,76
f 9 51 52	Other credits, adjustments, and payments Form 2439 Other Total > 50g Total payments Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached.	51 52	558,76
f g 51 52 53	Other credits, adjustments, and payments Form 2439 Total payments Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed	52 53	
f g 51 52 53	Other credits, adjustments, and payments Form 2439 Form 4136 Other Total 50g Total payments Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	52 53 54	558,76 287,77
f 9 51 52 53 54	Other credits, adjustments, and payments Form 2439 Other Total Sog Total payments Add lines 50a through 50g	\$2 53 54 55	
f g 51 52 53 54 55 Par	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax > 287, 770. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions)	\$2 53 54 55 55	287,77
f g 51 52 53 54 65 Par	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax > 287, 770. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or contact the second contact in the second con	52 53 54 55 0 other aut	287,77
f g 51 52 53 54 65 Par	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax > 287, 770. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions)	52 53 54 55 0 other aut	287,77
f 9 51 52 53 54 65 Pag	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax > 287, 770. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or contact the second contact in the second con	52 53 54 55) other aut	287,77
f 9 51 52 53 54 55 2ar	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax ≥287, 770. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the financial accounts.	52 53 54 55) other aut	287,77
f 9 51 52 53 54 55 Par	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount ower Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax ≥ 287, 770. Refunded > VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may finCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finhere >	52 54 55 other aut y have to	287,77
f g 51 52 53 54 65 Par 56	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g Total payments Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax > 287,770 Refunded Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finhere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	52 54 55 other aut y have to	287,77
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f g 51 52 53 54 55 Par 56	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owerd. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥ 287, 770. Refunded Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may brince. FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of payliny, I declarate that I have examined this return including accompanying schedules and statements, and to the between the property and complete Declaration of prehave examined this return including accompanying schedules and statements, and to the between the property and complete Declaration of prehave examined this based on all information of which preparer has any knowledge.	\$2 \$3 \$5 \$5 \$5 \$0 \$0 \$0 \$1 \$0 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	thority Yes I of file bountry
f g 51 52 53 54 55 Par 56	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥ 287, 770. Refunded Tax during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of payury, I declare that I have examined this return including accompanying schedules and statements, and to the bettine correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	\$2 \$3 \$4 \$5 \$5 \$0 \$0 \$0 \$0 \$1 \$0 \$1 \$0 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	thority Yes I o file buntry 3
f g 51 52 53 54 55 Par 57 58	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥ 287, 770. Refunded **Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may brince. FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finance. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fif "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of payur, I dedure that I have examined this roturn including accompanying schedules and statements, and to the between the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	\$2 \$3 \$54 \$55) other aut by have to oreign co	thorsty Yes I to file buntry 2
f g 51 52 53 54 55 Par 67 68	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥287, 770. Refunded Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥287, 770. Refunded Tax due If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥287, 770. Refunded Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥287, 770. Refunded Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of tax exempt interest receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penaltes of payury, I dedure that I have examined this return including accompanying schedules and statements, and to the bettine correct, and complying Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Page 14 Page 15 Pag	\$2 \$3 \$5 \$5 \$5 \$0 \$0 \$1 \$0 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	thorsty Yes I o file bountry 3
f g 51 52 53 54 65 Par 56 Sign	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥ 287, 770. Refunded Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of payury, I declare that I have examined this return including accompanying schedules and statements, and to the bettine correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date Preparation and page 10 page	52 53 54 55) other aut by have to foreign co	thorsty Yes I to file bunkry 287,77
f 9 51 52 53 54 65 Par 56 Sign	Other credits, adjustments, and payments Form 2439 Other Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. ≥ 287, 770. Refunded Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finhere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penjury, I deduce that I have examined this return including accompanying schedules and statements, and to the become of the penalties of penjury. I deduce that I have examined this return including accompanying schedules and statements, and to the become of the penalties of penjury. I deduce that I have examined this return including accompanying schedules and statements, and to the become of the penalties of officer. Prepage is larger. Prepage is larger. Date Check is the control of the penalties. Prepage is larger. Date Check is the control of the penalties. Check is the control of the penalties of the penalties and statements. And to the because of officer. Prepage is larger. Date Check is the control of the penalties of the penalties and statements. Prepage is larger. Date Check is the penalties of the penalties of the penalties and statements. Prepage is larg	st of my kn the IRS the pre- instructions)	thorsty Yes I to file buntry 2 to file b
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f g 51 52 53 54 65 Pag 56	Other credits, adjustments, and payments Form 2439 Other Total > 50g Total payments Add lines 50a through 50g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 51 is less than the total of lines 48, 49, and 52, enter amount owerd. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. It is a fine 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Refunded Overpayment if line 51 is larger than	52 53 54 55 50 other aut y have to foreign cc in trust? the IRS the prej instructions) if inployed EIN 1:	thorsty Yes I to file buntry 2 to file b

8X2741 1 000 3483BB R19X (1) (2)(3) (4) % (1) % (2)(3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)

Form 990-T (2018)

Total dividends-received deductions included in column 8.

Schedule F—Interest, Anni	uities, Noyaities			Controlled Org			auc	7113 (300	: mstructio	JI13)	
Name of controlled organization	2. Employer identification numb	e) /		nrelated income see instructions)	4. Total payme	of specifints mad	,	included	f column 4 to in the control on's gross in	olling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)		\			L						<u>L</u>
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruction		_	9. Total of specific payments made		inci	lude	of column d in the con tion's gross	ntrolling		Deductions directly nected with income in column 10
(1)											
(2)					_					<u> </u>	
(3)											
(4)										<u> </u>	
Totals	ncome of a Sec	tion 50	 1(c)(▶) Orga	Ent Pa	ter he rt I, I	olumns 5 a ere and on line 8, colui	page 1, nn (A)	En En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount of			3. Deduc directly cor (attach sch	tions inected			4. Se	t-asides schedule)		Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)				· · ·							
(3)	<u></u>										
(4)	Enter here and										Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co	come, C		Than Advert		come) (se	ee instru	ctions)		Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produ	ction of lated	from unrelated or business 2 minus columns from 1 f	ed trade (column lumn 3) ompute	from is n	action ot un	income vity that irelated income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	- -,							_			- -
(2)								 -			
(3)				-	•						
(4)	-										-
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1 line 10,	, Part I,			J			L		Enter here and on page 1, Part II, line 26
Schedule J- Advertising Ir	ncome (see instri	uctions)	_								
Part I Income From Per			Cons	solidated Bas	sis						
medine i foni i ci	- Caroaro report	on <u>a</u>		Jonation Date						`	
1. Name of periodical	2 Gross advertising income	3. D advertis	rect ing cost	4 Adventigan or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	1	Circu	ulation me	6. Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>							·-			
(2)											
(3)	<u> </u>								_		
(4)											\exists
···	 			- 		<u> </u>		<u> </u>			
Totals (carry to Part II, line (5))											

Form 990-T (2018)

Part I Income From Per 2 through 7 on a			rate Basis (For o	each periodical	listed in Part II	l, fill in columns
Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						<u></u>
(3)				<u> </u>	<u></u>	<u></u>
(4)					ļ. <u></u>	
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti			
1. Name		2	Title	3. Percent of time devoted to business	4. Compensation	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1. P	art II. line 14					

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $_$

06/30 , 20 19

(B) Expenses

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

(A) Income

Open to Public Inspection for

(C) Net

Name of organization

THE BROAD INSTITUTE, INC.

Part I Unrelated Trade or Business Income

Employer identification number 26-3428781

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS

					\	
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	æ ▶ <u>1c</u>	<u>.</u>			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3			_	
4a	Capital gain net income (attach Schedule D)	4a	644,176.			644,176.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attack	ch				
	statement) ATCH	5. 5	345,049.			345,049.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				ļ	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	. 12				
13	Total. Combine lines 3 through 12	13	989,225.			989,225.
14	Compensation of officers, directors, and trustees (Schedul	e K)				
		,			_14	
15	Salaries and wages				15	
16	Salaries and wages				15 16	
16 17	Repairs and maintenance				15	
16	Repairs and maintenance				15 16 17 18	
16 17 18 19	Repairs and maintenance				15 16 17 18 19	164,484.
16 17 18 19 20	Repairs and maintenance				15 16 17 18	164,484. 74,851.
16 17 18 19 20 21	Repairs and maintenance	es)	21		15 16 17 18 19 20	
16 17 18 19 20 21 22	Repairs and maintenance	des)	21 22a	ATCH 6	15 16 17 18 19 20 	
16 17 18 19 20 21 22 23	Repairs and maintenance	les)	21 22a	ATCH 6	15 16 17 18 19 20 22b 23	
16 17 18 19 20 21 22 23 24	Repairs and maintenance	es)	21 22a	ATCH 6	15 16 17 18 19 20 22b 23 24	
16 17 18 19 20 21 22 23 24 25	Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rule) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere of Depletion Contributions to deferred compensation plans Employee benefit programs	es)	21 22a	ATCH 6	15 16 17 18 19 20 22b 23 24 25	
16 17 18 19 20 21 22 23 24 25 26	Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation ruli Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere of Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I).	es)	21 22a	ATCH 6	15 16 17 18 19 20 22b 23 24 25 26	
16 17 18 19 20 21 22 23 24 25 26 27	Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation ruli Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere of Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J).	es)	21 22a	ATCH 6	15 16 17 18 19 20 22b 23 24 25 26 27	74,851.
16 17 18 19 20 21 22 23 24 25 26 27 28	Repairs and maintenance	les)	21 22a	ATCH 6	15 16 17 18 19 20 22b 23 24 25 26 27	74,851.
16 17 18 19 20 21 22 23 24 25 26 27 28	Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rule). Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere of Depletion. Contributions to deferred compensation plans. Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions. Add lines 14 through 28.	es)	21 22a	ATCH 6	15 16 17 18 19 20 22b 23 24 25 26 27 28 29	76,233. 315,568.
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rule). Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere of the contributions to deferred compensation plans. Contributions to deferred compensation plans. Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operations.	es)	21 22a 22a 22a 22a 22a 22a 22a 22a 22a 2	ATCH 6 ATCH 7	15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	74,851.
16 17 18 19 20 21 22 23 24 25 26 27 28	Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rule). Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere of Depletion. Contributions to deferred compensation plans. Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operation.	es)	21 22a 22a 22a 22a 22a 22a 22a 22a 22a 2	ATCH 6 ATCH 7 ATCH 7 9 from line 13 1, 2018 (see	15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	76,233. 315,568.
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rule). Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere of the contributions to deferred compensation plans. Contributions to deferred compensation plans. Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operations.	es)	21 22a 22a 22a 22a 22a 22a 22a 22a 22a 2	ATCH 6 ATCH 7 9 from line 13 7 1, 2018 (see	15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	76,233. 315,568. 673,657.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE D (Form 1120)

Department of the Treasury

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Internal Revenue Service Name Employer identification number THE BROAD INSTITUTE, INC. 26-3428781 Short-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See Instructions for how to figure the amounts to enter on (d) (e) Subtract column (e) from the lines helow or loss from Form(s) Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales pnce) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked 51,748. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 51,748. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949, Part II, line 2, column (d) and combine (sales price) (or other basis) whole dollars column (g) the result with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . . 8b Totals for all transactions reported on Form(s) 8949 with $\textbf{Box}\,\textbf{D}$ checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 378,210. Enter gain from Form 4797, line 7 or 9 11 214,218. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 592,428. Part III Summary of Parts I and II 51,748. Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital losses in the instructions

Schedule D (Form 1120) 2018

17

18

592,428.

Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

TECHNICAL SERVICES, PER DIEM AND ACCESS FEES

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

VIVARIUM FEES

7)

ACCESS FEES FOR HUSBANDRY SERVICES

USE OF FACILITIES

PART I - LINE 12 - OTHER INCOME

920,870.

511,690.

19,496.

1,452,056.

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOV	1,452,056. 0. ER 765,618.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 68,644.
CHARITABLE CONTRIBUTION	26,923,353.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	68,644.

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

USE OF FACILITY

765,618.

PART II - LINE 28 - OTHER DEDUCTIONS

765,618.

26-3428781

ATTACHMENT 5

PARTNERSHIP INVESTMENTS

SCHEDULE M - LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME FROM PARTNERSHIP INVESTMENTS

345,049.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

345,049.

1

AT	TACHMENT 6
SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS	
UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER NOL CARRYOVER	989,225. 0. 240,717. 0. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	74,851.
CHARITABLE CONTRIBUTION	26,923,353.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	74,851.

26-3428781

ATTACHMENT 7

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE

64,540.

11,693.

PART II - LINE 28 - OTHER DEDUCTIONS

76,233.

THE BROAD INSTITUTE, INC.

EIN: 26-3428781

FOR THE YEAR ENDED: 6/30/2019

FORM 990-T PART II, LINE 20 & SCHEDULE M, LINE 20

LINE 20 - 5 YEAR CONTRIBUTION CARRYOVER

TAX YEAR	AMOUNT	AMOUNT	CONVERTED TO	CARRYOVER
ENDED	AVAILABLE	UTILIZED	NOL CARRYOVER	TO NEXT YEAR
6/30/2015	26,919,494	296,652		26,622,842
6/30/2016	336	-	-	336
6/30/2017	302	_	_	302
6/30/2018	741	-	_	741
6/30/2019	2,480	_	-	2,480
TOTAL	26,923,353	296,652		26,626,701

AMOUNT UTILIZED	
6/30/2015	47,295
6/30/2016	34,997
6/30/2017	22,045
6/30/2018	48,820
6/30/2019	143,495

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return	-	_		So	cial sec	-	taxpayer identificat	on number
THE BROAD INSTITUTE,							3428781	
Before you check Box A, B, or C below statement will have the same information broker and may even tell you which b	ation as Form 10		• ' '			, , , ,		
Part I Short-Term. Transa instructions) For Ior	ng-term trans	actions, see	page 2	·		•	,	
Note: You may agg reported to the IRS Schedule D, line 1a	and for whic	h no adjustr	ments or codes	are req	uıred	Enter the to	otals directly or	1
You must check Box A, B, or C b complete a separate Form 8949 for one or more of the boxes, co	, page 1, for e	ach applicab	le box If you ha	ve more	short-	term transac		
(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis			•	e Note above)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or othe See the Not	er basis e below	If you enter an enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo, day, yr)	(sales price) (see instructions)	and see Co in the sep instruct	parate	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP INCOME	VARIOUS	VARIOUS						50,904
SECTION 1256	VARIOUS	VARIOUS	-					844
·								
			-					
								-

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 51,748 above is checked), or line 3 (if Box C above is checked) Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

Form 8949 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number THE BROAD INSTITUTE, INC. 26-3428781

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions	reported of	on Form(s)	1099-B	showing basis v	vas reported to the	IRS (see Note above

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X	(F)	Long-term	transactions	not reported	to	you	on F	Form	1099-	E
---	-----	-----------	--------------	--------------	----	-----	------	------	-------	---

1 (a) Description of property	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, if a lift you enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)		and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP INCOME	VARIOUS	VARIOUS					376, 945
SECTION 1256	VARIOUS	VARIOUS					1,265
		_					
				<u> </u>			
	-						
2 Totals. Add the amounts in column negative amounts) Enter each tot Schedule D, line 8b (if Box D above above is checked), or line 10 (if B	al here and incl re is checked), line	ude on your e 9 (if Box E				,	378,210

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)